	LICATION FOR WELL PERMIT	SO OA COORT POOM COA
	IRONMENTAL MANAGEMENT - 2615 S. GRAND AVENUE, LOS ANGEL NTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES	.es, CA 90007, ROOM 604
	TYPE OF PERMIT (CHECK)	TYPE OF WELL
٠	□ X NEW WELL CONSTRUCTION	☐ PRIVATE DOMESTIC ☐ CATHODIC
	☐ RECONSTRUCTION OR RENOVATION	☐ PUBLIC DOMESTIC ☐ INDUSTRIAL
		│ □ IRRIGATION □ GRAVEL PA │ □ OBSERVATION/MONITORING □ TEST
ž	DESTRUCTION	CER OBSERVATION/MONITORING - TEST
DESCRIPTION	TYPE OF CASING	
	4" BVC METHOD OF SEALING OF CASING	
	Sentonite and Vololay group	
۵		
•	METHOD OF DESTRUCTION	
	ADDRESS (NUMBER, STREET AND NEAREST INTERSECTION)	CITY
	12500 Slauson Ave., & Santa Pe'Son Diagram (show property lines, street, address, well site	cingshoad - (Danta 1's Somings, sewers, and private sewage disposal systems along with
	LABELS AND DIMENSIONS)	
	SANTA FE SPRIM	
		Sauson -
_	(j)	Distribution
LOCATION	}	1 1 Distribution
	7) - (enta
		of the state of from
	5 / 2	To lo lod 7 3 m
	673	The diagram
	v \	C+1/ONIST
	100	3(11)
	NAME OF WELL DRILLER (PRINT)	NAME OF WELL OWNER (PRINT)
	KLUINFELDER	Lincoln Property Co.
	TRADE NAME	MAILING ADDRESS
٠.	17100 Pioneer Blvd., Suite 350	30 Executive Park, Suite 100
	Artesia, CA 90701	Irvine, CA 92714
		DISPOSITION OF APPLICATION: (For Sanitarians Use Only)
- {	I hereby agree to comply in every respect with all regulations of the County Preventive/Public Health Services and with	APPROVED DENIED
APPLICANT	all ordinances and laws of the County of Los Angeles and	☐ APPROVED WITH CONDITIONS
	of the State of California pertaining to well construction, reconstruction and destruction. Upon completion of well	
	and within ten days thereafter, I will furnish the County Preventive/Public Health Services with a complete log of	If denied or approved with conditions, report reason or conditions here:
	the well, giving date drilled, depth of well, all perforations	Here.
	in casing, and any other data deemed necessary by such County Preventive/Public Health Services.	
	County Preventive/Lubite Alegatin Services.	
	Heating French	
	Applicant's Signature	DATE SANITARIAN
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		8 82 00